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Eduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

On the Land	The superviole recognition	Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005						09/585,553-Conf. #5106				
						June 2, 2000				
						Shuji ONO				
						N. T. Tran				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2615						
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00			Attorney Docket No. 3562-0102P							
METHOD OF	PAYMENT (check	all that apply)								
x Check	Credit Card	Money Order	No	ne Other	please identi	fy):				
Deposit Ac	count Deposit Account	Number: 02-2448	Deposit Acc	count Name:	Birch, Stev	wart, Kolasch	& Birch, Ll	<u>-P</u>		
For the	above-identified depo	osit account, the	Director is	hereby authorize	ed to: (check	k all that apply))			
c	harge fee(s) indicated	d below		Charg	e fee(s) indi	cated below, e	xcept for the	e filing fee		
x Cl	harge any additional i e(s) under 37 CFR 1	fee(s) or underpa .16 and 1.17	yment of	x Credit	any overpa	yments				
FEE CALCUI	LATION									
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION F	EES							
	FI	LING FEES		ARCH FEES	EXAMIN	ATION FEES	;			
Application T	ype Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)		
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLA	AIM FEES							Small Entity		
Fee Description							Fee (\$)	Fee (\$)		
Each claim over 20 (including Reissues)								25		
Each independe				200	100					
Multiple depend	dent claims						360	180		
Total Claims			aid (\$) Multiple Dependent Clain							
	- = ;	× = _			<u>Fee</u>	<u>: (\$)</u>	Fee Paid (\$))		
Indep. Claims	Extra Claims	<u>Fee (\$)</u>	Fee I	Paid (\$)				_		
listings und	on SIZE FEE ation and drawings ender 37 CFR 1.52(e)), action thereof. See 3	the application s	ize fee du	ie is \$250 (\$125 t						
Total Sheet	<u>Extra Sheet</u>		r of each a	dditional 50 or fra	ction thereof	Fee (\$)	Fee P	<u>aid (\$)</u>		
	100 =	/50		(round up to a who	ole number) x	·	-			
4. OTHER FEE(0.6 (11					Fees F	Paid (\$)		
_	a Specification, \$130 late filing surcharge)	1801 Reques	t for con	ount) tinued examina sponse within s				0.00 0.00		
CHOMITTED BY		- 7	7							
SUBMITTED BY Signature	077111	Registration No. (Attorney/Agent) 39,491 Telephone (703) 205-8000					-8000			
Name (Print/Type)	Michael R. Camm	narata		,		Date	February 27, 2006			